

APPLICATION FOR A MONTANA ASBESTOS PROJECT PERMIT AND NESHAP DEMOLITION/RENOVATION NOTIFICATION

TYPE OF APPLICATION/PERMIT (See Instructions)				ACCOUNTING CODE: 574832 / 502702 / 02202	
<input type="checkbox"/> Project Permit	<input type="checkbox"/> Project Permit Revision	<input type="checkbox"/> Courtesy Notification (NESHAP)	<input type="checkbox"/> Annual Permit		
<input checked="" type="checkbox"/> NESHAP Notification	<input type="checkbox"/> NESHAP Notification Revision	<input type="checkbox"/> Annual Permit Amendment	<input type="checkbox"/> Annual Permit w/Contractor		
TYPE OF NOTIFICATION					
<input type="checkbox"/> Renovation (R)	<input type="checkbox"/> NESHAP Demo/Reno	<input type="checkbox"/> Ordered Demolition (O)	<input type="checkbox"/> Transport (T)		
<input checked="" type="checkbox"/> Demolition (M)	<input type="checkbox"/> Courtesy (C)	<input type="checkbox"/> Emergency Renovation (E)	<input type="checkbox"/> Disposal (D)		
<input type="checkbox"/> Annual	(For Annual Permit Holders) Annual Permit MTF				

ASBESTOS PROJECT CONTRACTOR (Operator)					
Asbestos Project Contractor, Individual or Company Name					
Mailing Address		City	County	State	Zip
Telephone Number		Fax Number	Contractor Contact Person (First and Last Name)		
On-Site Project Contractor/Supervisor		Contractor/Supervisor Accreditation Number		Expiration Date	

DEMOLITION/RENOVATION CONTRACTOR (Operator)					
Demolition/Renovation Contractor, Individual or Company Name					
Mailing Address		City	State	Zip	County
Telephone Number		Fax Number	Contractor Contact Person (First and Last Name)		

SITE INFORMATION							
Redstone barn, granary							
Building Name / Site		1/2 mile west of Redstone on North side of Hwy 5		Redstone	MT	59257	Sheridan
Location Address		City	State	Zip	County		
Site Telephone Number		Unknown		Location Contact Person (First and Last Name)			
16' x 54' & 12'x24'		1		8South		22East	15
Building Size (sq. ft.)	Number of Floors	Age of Site in Years	Latitude	Longitude	Township	Range	Section

SITE/BUILDING OWNER				
Montana Department of Transportation				
Owner Name				
PO Box 201001		Helena	MT	59620
Mailing Address		City	State	Zip
406-444-7647		Stan Sternberg		
Telephone Number		Contractor Contact Person for Owner(First and Last Name)		

LOCATION PRESENT USE*											
* Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input checked="" type="checkbox"/> V	
LOCATION PRIOR USE*											
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input checked="" type="checkbox"/> V	

PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION		
Is Asbestos Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Inspection: April 6, 2010
Doug Compton	MTA#3027	November 4, 2010
Printed Name of Inspector Who Performed Inspection	Accreditation Number	Expiration Date

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS MATERIAL									
Amount & Measurement		Type of RACM to be Abated (See Instructions)				Non-Friable ACM to be removed		Non-Friable ACM not to be abated	
	Amount	Measurement				Type	CAT I	CAT II	
		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 1		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 2		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 3		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 4		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 5		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 6		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 7		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 8		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 9		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					
Material No. 10		<input type="checkbox"/> SF	<input type="checkbox"/> LF	<input type="checkbox"/> CF					

SCHEDULED DATES FOR ASBESTOS ABATEMENT		SCHEDULED DATES FOR DEMOLITION/RENOVATION	
Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)	Start Date (mm/dd/yy)	Complete Date (mm/dd/yy)
N/A	N/A	Must be at least 10 working days after date mailed	

PROJECT DESIGN INFORMATION

N/A not RACM waste

Print First and Last Name of Project Designer (PD)
(Accreditation Number/Exp. Date)

RACM WASTE TRANSPORTER ☐ Check if same as Abatement Contractor

Contractor, Individual or Company Name

Mailing Address
City
State
Zip
County

Telephone Number
Fax Number
Contractor Contact Person (First and Last Name)

RACM WASTE DISPOSAL SITE

☐ Allied Waste Systems of Montana Missoula Landfill
☐ Butte Silver Bow Government Landfill
☐ City of Billings Solid Waste Division Landfill
☐ City of Hardin Class II Landfill
☐ City of Malta Landfill
☐ City of Shelby Landfill
☐ Coral Creek Landfill
☐ Daniels County Commissions Scobey Landfill
☐ Flathead County Solid Waste District Kalispell Landfill
☐ High Plains Sanitary Landfill Site 1 - Great Falls/Floweree

☐ Libby Class II Landfill
☐ Miles City Area Solid Waste Dist Landfill
☐ Northern MT Joint Refuse Disposal Dist Conrad Landfill
☐ Park County Refuse Disposal Dist Livingston Landfill
☐ Richland County Solid Waste Dist Sidney Landfill
☐ Sheridan County Solid Waste Dist Plentywood Landfill
☐ Valley County Refuse Dist 1 Glasgow Landfill
☐ Valleyview Class II CCSS Helena Landfill
☐ Other:

THIS SECTION APPLIES TO FACILITY DEMOLITIONS/RENOVATIONS

I certify that the above information is correct and that a State-accredited asbestos inspector inspected the facility for asbestos prior to demolition/renovation. This Notice must be submitted to the Department at least 10 working days prior to the start of work.

Printed Name / Signature
Date

THIS SECTION APPLIES TO ASBESTOS PROJECTS

I certify that all work performed pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, §§ 75-2-501 through -519, MCA, ARM 17.74.301 through 17.74.406, and the Montana Asbestos Work Practices and Procedures Manual. In addition, I hereby certify all regulated asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.

Printed Name / Signature
Date

FOR ASBESTOS PROJECTS PLEASE PROVIDE PER ARM 17.74.355

☐ A1. Project design with sketch.

☐ A2. See Contractor Standard Operating Procedure dated _____. Project specific sketch, workers, and variance request attached.

☐ B. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.

☐ C. Copy of the contract showing the contract dollar amount for asbestos abatement.

☐ D. Appropriate fee (Actual Contract Volume for RACM removal x 10%). NOTE: If using a figure with cents, round up to the nearest penny.

x 10% = _____

Actual Contract Volume
Fee Amount Enclosed
Check No.
DEPOSIT LOG NO.

Mail completed form and fee to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901

Mont. Code Ann. § 75-2-503(2) requires the department to issue a permit decision within seven calendar days following receipt of a complete application for asbestos projects which cost \$3000 or less. For projects exceeding \$3000, the estimated time to process and issue a decision is ten working days.

FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION

Date of Emergency _____

(Start Date)
(Complete Date)

Description of the sudden, unexpected event. _____

Stop work, call MDT Environmental (444-7647) for assistance.

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, SUBMIT COPY OF GOVERNMENT ORDER

